# U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

## **Family Report**

Form HUD-50058, Family Report, applies to Public Housing, Indian Housing and Section 8 programs.

Additional instructions are contained in the Form HUD-50058 Instruction Booklet. Copies of the Instruction Booklet can be found on the MTCS 2000 Web Site at http://www.hud.gov/pih/systems/pic/mtcs2000/.

Previous editions are obsolete Form HUD-50058 (6/2001)

Public reporting burden for this collection of information is estimated to average 30 minutes per response in the first year and 15 minutes per response in subsequent years. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB control number.

Send the Form HUD-50058 data to the electronic address provided by HUD. **Questions?** Contact the MTCS Hotline at 1-800-FON-MTCS (1-800-366-6827) or go to the MTCS Web Site at <a href="http://www.hud.gov/pih/systems/mtcs/pihmtcs.html">http://www.hud.gov/pih/systems/mtcs/pihmtcs.html</a>.

Each affected agency must submit information to assist HUD in managing and monitoring HUD assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and by the Fair Housing Act (42 U.S.C. 3601-19).

Sensitive Information: The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.

#### Acronyms

FMR FSS HAP HOPE	= = =	Fair Market Rent Family Self-Sufficiency program Housing Assistance Payment Homeownership and Opportunity for People Everywhere	SSA	=	Social Security Administration
		, , , ,	_		
		,			
HOPE	=	Homeownership and Opportunity for People Everywhere	SSA	=	Social Security Administration
HQS	=	Housing Quality Standards	SSI	=	Supplemental Security Income
HUD	=	U.S. Department of Housing and Urban Development	SSN	=	Social Security Number
IHA	=	Indian Housing Authority	TANF	=	Temporary Assistance for Needy Families
ISA	=	Individual Savings Account	TIN	=	Taxpayer Identification Number
MTCS	=	Multifamily Tenant Characteristics System	TTP	=	Total Tenant Payment
OMB	=	U.S. Office of Management and Budget	WtW	=	Welfare to Work
PHA	=	Public Housing Agency			

## Major Definitions (refer to the Form HUD-50058 Instruction Booklet for a more detailed definition of each field on the Form):

**Disabilities:** A person with disabilities has one or more of the following: (a) a disability as defined in Section 223 of the Social Security Act, (b) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions, or (c) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. Note: Include persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

**Effective Date of Action:** Date the reported action becomes effective. The effective date cannot be earlier than the date of admission to the program.

**Head of household:** The one adult member of the household, designated by the family or by PHA policy as the head of household, who is wholly or partly responsible for the rent payment.

**Mixed Family**: A family that contains some members that are eligible for assistance and some members that are ineligible for assistance. This family may be subject to prorated rent under the Noncitizens Rule.

Portability: Renting a dwelling unit with Section 8 assistance outside the jurisdiction of the initial PHA.

#### Form Conventions:

- 1. All fields that require the entry of a date must include the 4-digit year. Enter the date in a standard format (i.e., "mm/dd/yyyy", "mm/yyyy"). Enter the year in its entirety.
- 2. "/" means "or" unless otherwise noted.
- 3. Monetary figures: enter only whole dollar amounts. Do not show cents, commas, or dollar signs.
- 4. Rounding: round each monetary amount up when a number is 0.50 or above; down when a number is 0.49 or below.
- 5. Reserved: HUD may have future directions about how to use these lines. Reserved lines are placeholders for future changes.
- 6. Calculation column is a scratch area where PHAs may perform manual calculations.
- 7. Leave blank any line(s) or item(s) that do not apply unless this Form instructs otherwise.

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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
	Costai Cocarty Harrison	

## **Family Report**

## **U.S. Department of Housing and Urban Development**Office of Public and Indian Housing

OMB Approval Number 2577-0083
Expires 9/30/2003

Office of Fublic and Indian Housing	Expires 9/30/2003
1. Agency	
1a. Agency name	1a.
1b. PHA code	1b.
1c. Program  P= Public Housing CE= Sec. 8 Certificates VO= Sec. 8 Vouchers  MR= Sec. 8 Mod Rehab B= Indian Housing	1c.
1d. Project number (Public/Indian Housing only)	:: 1d.
1e. Building number (Public/Indian Housing only)	1e.
1f. Building entrance number (Public/Indian Housing only)	1f.
1g. Unit number (Public/Indian Housing only)	
2. Action	HHH
2a. Type of action  1 = New Admission 2 = Annual Reexamination 3 = Interim Reexamination 4 = Portability Move-in (VO only) 5 = Portability Move-out (S8 only) 6 = End Participation 7 = Other Change of Unit 12 = Flat Rent Annual Update (PH only) 13 = Annual HQS Inspection Only (S8 only) 14 = Historical Adjustment (PH only) 15 = Void	2a.
2b. Effective date (mm/dd/yyyy) of action	2b.
2c. Correction? (Y or N)	2c.
2d. If correction: (check primary reason) Family correction of income PHA correction of fa	mily income
Family correction (non-income) PHA correction (non-income)	-income)
2e. Date correction transmitted (mm/dd/yyyy)	2e
2f. Repayment agreement? (Y or N)	2f.
2g. Monthly amount of repayment	\$ 2g.
2h. Date (mm/dd/yyyy) of admission to program	2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination	2i.
2j. Projected date (mm/dd/yyyy) of next flat rent annual update (Public Housing flat rent only)	2j.
2k. FSS participation now or in the last year? (Y or N)	2k.
2m. Special program (Section 8 only) (check only one): Enhanced Voucher Welfare to Work Voucher	
2n. Other special programs: Number 01	2n.
2n. Other special programs: Number 02	2n.
2n. Other special programs: Number 03	2n.
2n. Other special programs: Number 04	2n.
2n. Other special programs: Number 05	2n.
2p. Use if instructed by HUD	2p.
2q. PHA use only	2q.
2r. PHA use only	2r.
2s. PHA use only	2s.
2t. PHA use only	2t.
2u. PHA use only	2u.

	Page Heading
Head of household name:	On every page, enter the head of household's last name (line 3b), first name (line 3c) and middle initial (line 3d). Use this field to identify the head of household if the pages of the Form separate.
Social Security Number:	On every page, enter the head of household's Social Security Number (line 3n). Use this field to identify the head of household if the pages of the Form separate.
Date modified (mm/dd/yyyy):	On every page, enter the date the PHA representative fills out the Form or modifies any Form page.
1:	Agency
Line 1a:	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058.
Line 1b:	Five-character code composed of the 2-letter postal state code and 3-digit PHA number. The state code indicates the location of the reporting PHA and the number identifies each PHA within a particular state.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public/Indian Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number 3-digit development number, and 3-digit suffix (if applicable).
Line 1e:	Public/Indian Housing only. Six-character code to capture the tenant's building number.
Line 1f:	Public/Indian Housing only. Three-character code to capture the building's entrance number.
Line 1g:	Public/Indian Housing only. Ten-character code to capture the PHA designated tenant unit number.
2:	Action
Line 2a:	Use the codes provided to report the family's type of action.
Note:	When a family that receives flat rent requires a reexamination, use Annual Reexamination (2a=2).
Line 2b:	Date the reported action becomes effective.
Note:	The effective date cannot be earlier than the date of admission to the program (line 2h).
Line 2c:	Allows PHAs to correct fields previously transmitted in error.
Note:	Use a correction for a minor change to a previously submitted record.
Line 2d:	Indicate the primary reason for the correction record.
Line 2e:	The actual date that the PHA completes the correction and transmits the corrected record.
Line 2f:	Indicate if the tenant has entered into a repayment agreement because the tenant previously underreported or misreported income.
Line 2g:	Per the repayment agreement, the amount the tenant pays each month.
Line 2h:	Date the PHA initially admitted the family into the program reported in line 1c.
Line 2i:	The projected effective date of the family's next reexamination.
Line 2j:	Public Housing flat rent only. Projected effective date of the next flat rent annual update.
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.
Line 2m:	Section 8 only. Indicate if the family receives an Enhanced Voucher or a Welfare to Work Voucher.
Line 2n:	Indicate if the family participates in a special program.
Note:	See Form HUD-50058 Instruction Booklet for a listing of special programs and their abbreviations.
Line 2p:	HUD may instruct a particular PHA to use this line. If there are <u>not</u> instructions to use these lines, leave them blank
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

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Head of household name Social Security Number Date modified (mm/dd/yyyy) 3. Household 3f. Age on effective 3b. Last name & Sr., Jr. etc. 3c. First name 3d. MI 3e. Date of birth 3a. Head of date of action household 3h. Relation 3i. Citizenship 3j. Disability (Y/N) 3k. Race =1 =2 3m. Ethnicity Member =3 =4 number Н =5 01 3n. Social Security Number 3p. Alien Registration Number 3q. Meeting community service or self-sufficiency requirement? (Public Housing only) 3b. Last name & Sr., Jr. etc. 3d. MI 3e. Date of birth 3f. Age on effective 3c. First name 3a. Member date of action number =1 =2 3h. Relation 3i. Citizenship 3j. Disability (Y/N) 3k. Race 3m. Ethnicity 3g. Sex 02 =3 =4 =5 3q. Meeting community service or self-sufficiency requirement? 3n. Social Security Number 3p. Alien Registration Number (Public Housing only) 3b. Last name & Sr., Jr. etc. 3c. First name 3d. MI 3e. Date of birth 3f. Age on effective 3a. Member date of action number 3j. Disability (Y/N) =1 3g. Sex 3h. Relation 3i. Citizenship 3k. Race 3m. Ethnicity 03 =3 =4 =5 3n. Social Security Number 3p. Alien Registration Number 3q. Meeting community service or self-sufficiency requirement? (Public Housing only) 3b. Last name & Sr., Jr. etc. 3c. First name 3d. MI 3e. Date of birth 3f. Age on effective 3a. Member date of action number =1 3h. Relation 3a. Sex 3i. Citizenship 3j. Disability (Y/N) 3k. Race =2 3m. Ethnicity 04 =3 =4 =5 3n. Social Security Number 3p. Alien Registration Number 3q. Meeting community service or self-sufficiency requirement? (Public Housing only) 3b. Last name & Sr., Jr. etc. 3c. First name 3d. MI 3e. Date of birth 3f. Age on effective 3a. Member date of action number =2 =1 05 3a. Sex 3h. Relation 3i. Citizenship 3j. Disability (Y/N) 3k. Race 3m. Ethnicity =3 =4 =5 3n. Social Security Number 3p. Alien Registration Number 3q. Meeting community service or self-sufficiency requirement? (Public Housing only) 3b. Last name & Sr., Jr. etc. 3c. First name 3d. MI 3e. Date of birth 3f. Age on effective 3a. Member date of action number 3j. Disability (Y/N) =1 3h. Relation 3i. Citizenship 3k. Race =2 3m. Ethnicity 3g. Sex 06 =3 =4 =5 3n. Social Security Number 3p. Alien Registration Number 3q. Meeting community service or self-sufficiency requirement? (Public Housing only) Codes: 3i. Citizenship: 3h. Relation: 3k. Race: 3m. Ethnicity: = Hispanic or Latino H = headEC = eligible citizen 1 = White S spouse EN = eligible noncitizen = Black/African American = not Hispanic or Latino co-head IN = ineligible noncitizen 3 = American Indian/Alaska Native foster child/foster adult PV = pending verification Asian 3q. Community service or other youth under 18 Native Hawaiian/Other Pacific Islander self-sufficiency: full-time student 18+ E = = yes live-in aide 2 = no A = other adult 3 = pending

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= exempt = n/a

3:	Household
Note:	Complete for each household member.
Note:	The first family member (Member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The Member number identifies the individual listed on that line of the Form.
Line 3b:	Indicate the last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3c:	Indicate the first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate the age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If a Head of Household does not have a SSN, PHA cannot transmit the family's Form HUD-50058 until there is system functionality to do so. If a member who is not the Head does not have a SSN, enter 999999999.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e.g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for your particular PHA.

Head of household		Sc	Social Security Number				Date modified (mm/dd/yyyy)							
3a. Member	3b. Last r	name & Sr., Jr. etc.			3c. First nar	me		3d. MI	3e. D	Date of b	irth			on effective of action
	3g. Sex	3h. Relation	3i. Citiz	zenship	)	3j. Disability (Y/N)	)	3k. Race			=1		=2	3m. Ethnicity
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3a. Member number	3b. Last r	name & Sr., Jr. etc.			3c. First nar	me		3d. MI	3e. E	Date of b	irth			on effective of action
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3a. Member number	3b. Last r	name & Sr., Jr. etc.			3c. First nar	me		3d. MI	3e. D	Date of b	irth			on effective of action
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3a. Member number	3b. Last r	name & Sr., Jr. etc.			3c. First nar	me		3d. MI	3e. D	Date of b	irth			on effective of action
	3g. Sex	3h. Relation	3i. Citiz	zenship	)	3j. Disability (Y/N)	)	3k. Race			=1		=2	3m. Ethnicity
											=3 =5		=4	l
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Codes: 3h. Relation:		3i. Citizen	shin.			3k. Race:						3m [	Ethnicity:	
H = head S = spouse		EC = eligi EN = eligi	ble citizen			1 = White 2 = Black/African	Δmar	rican				1 =	Hispanic	or Latino anic or Latino
K = co-head		IN = ineli	gible nonc	citizen		3 = American India			Э					
F = foster child/foste Y = other youth under	er 18	PV = pen	ding verific	cation		4 = Asian 5 = Native Hawaiia	an/Ot	ther Pacific	Islande	r			ufficiency	y service or ':
E = full-time student L = live-in aide	: 18+												yes no	
A = other adult												3 =	pending exempt	
													n/a	
3r. Reserved													•	
3s. Continued o	n an add	itional sheet?	(Y or	N)									1	3s.

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3:	Household
Note:	Complete for each household member.
Note:	The first family member (Member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The Member number identifies the individual listed on that line of the Form.
Line 3b:	Indicate the last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3c:	Indicate the first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate the age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If family member does not know or have a SSN, enter 999-9999.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e.g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for the particular PHA.
Line 3r:	Reserved for future HUD use.
Line 3s:	Indicate whether additional household member information is included on an additional sheet of paper as an attachment to the Form.

Head of household name	Social Security Number	Date modified (mm/dd/yy	уу)
3t. Total number in household	·	<u> </u>	3t.
3u. Family subsidy status under Nor	citizens Rule: C = Qualified for continuation E = Eligible for full assistance F = Eligible for full assistance P = Prorated assistance		3u.
3v. Eligibility effective date (mm/dd/y	yyy) if qualified for continuation of full assis	stance (3u=C)	3v.
3w. If new head of household, forme	r head of household's SSN		3w.
4. Background at Admiss	ion		
4a. Date (mm/dd/yyyy) entered waiti	ng list		4a.
4b. ZIP code before admission			4b.
4c. Homeless at admission? (Y or	N)		4c.
4d. Does family qualify for admission	n over the very low-income limit? (Section 8	3 only) (Y or N)	4d.
4e. Continuously assisted under the	1937 Housing Act? (Y or N)		4e.
4f. Is there a HUD approved income	e targeting disregard? (Y or N)		4f.
5. Unit to be Occupied on	Effective Date of Action		
5a. Unit address			
Number and street			Apt.
City	State	Zip code (+4)	·
5b. Is mailing address same as unit	address? (Y or N) (if yes, skip to 5d)		5b.
5c. Family's mailing address			
Number and street			Apt.
City	State	Zip code (+4)	
5d. Number of bedrooms in unit			5d.
5e. Has the PHA identified this unit a	as an accessible unit? (Public/Indian Hous	ing only) (Y or N)	5e.
5f. Has the family requested access	ibility features? (Public/Indian Housing on	ly) (Y or N)	5f.
(if no, skip to next section)			
5g. Has the family received requested a. Yes, fully b. Yes,		ousing only) a pending (can be checked in nation with b. or c.)	5g.
5h. Date (mm/dd/yyyy) unit last pass	sed HQS inspection (Section 8 only, except	t Homeownership)	5h.
5i. Date (mm/dd/yyyy) of last annua	II HQS inspection (Section 8 only, except H	lomeownership)	5i.
5j. Year (yyyy) unit was built (Section	on 8 only)		5j.
5k. Structure type (check only one) Single family detached Low-rise	i	townhouse red home	5k.

3:	Household (continued)
Line 3t:	The total number of people in the household.
Note:	Count <u>all</u> persons, include foster children or adults, live-in aides, and other unrelated individuals (who reside with the family as part of the household). Also include persons who are members of the household but temporarily absent from the home.
Line 3u:	Code that indicates the housing assistance eligibility for family members based on the Noncitizens Rule. The Noncitizens Rule allows PHAs to provide financial assistance to U.S. citizens, nationals, and non-U.S. citizens with eligible immigration status.
Note:	If the family's status under the Noncitizens Rule is prorated assistance (3u=P), the family should fill out the applicable prorated rent calculation when determining rent burden.
Line 3v:	Date the family originally qualified for the continuation of full assistance (3u=C).
Line 3w:	If the designated head of household changed due to discontinued occupancy or other cause such as death, marriage, or remarriage <u>and</u> there are family members who remain in the household, enter the <i>former</i> head of household's Social Security Number (SSN).
4:	Background at Admission
Line 4a:	Date the PHA placed the family on the waiting list for the program under which they currently receive housing assistance.
Note:	This date must not be later than effective date of action (line 2b).
Line 4b:	The 5-digit ZIP code (+4, if applicable) where the family lived before admission to an assistance program.
Line 4c:	Indicate whether or not the family was homeless at the time the PHA admitted the family to a housing assistance program.
Line 4d:	Section 8 only. Indicate whether or not the family qualified for program admission even though their income exceeds the very low-income limit (50% of the area's median income).
Line 4e:	Indicate whether or not the family is continuously assisted under or currently enrolled in any 1937 Housing Act program at the time of admission.
Line 4f:	Welfare to Work families only. Indicate if the family is disregarded for income targeting under a HUD approved disregard of a portion of welfare to work families.
5:	Unit to be Occupied on Effective Date of Action
Line 5a:	The complete address of the housing unit that the household occupies on the effective date of action (line 2b).
Line 5b:	Indicate whether the mailing address is different from the unit address.
Line 5c:	The complete address where the family receives mail, if other than the unit address indicated in line 5a.
Note:	Leave this field blank if the mailing address is the same as the unit address.
Line 5d:	Total number of bedrooms in the unit that the household will occupy on the effective date of action (line 2b).
Line 5e:	Public/Indian Housing only. Indicate whether or not the unit that the family occupies on the effective date of action (line 2b) is a PHA designated handicapped accessible unit.
Line 5f:	Public/Indian Housing only. Indicate whether or not the family requested disability amenities or accessibility features.
Line 5g:	Public/Indian Housing only. Indicate the status of the family's request for disability amenities and/or accessibility features (line 5f) on the effective date of action (line 2b).
Line 5h:	Section 8 only, except Homeownership. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership. The last date a PHA inspector performed a full annual housing quality standards (HQS) inspection of the unit that the household occupies.
Note:	This date may be different from the date unit last passed HQS inspection (line 5h) if the unit failed the last HQS inspection.
Line 5j:	Section 8 only. Indicate the year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. Indicate the building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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#### 6. Assets

6a. Fami	ily member e	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
6f, 6g.	Column totals	S			\$ 6f.	\$ 6g.	
6h.	Passbook rat	e (written	as decimal)			0 6h.	
6i.	Imputed asse	t income	: 6f X 6h (if 6f	is \$5,000 or less, put 0)		\$ 6i.	
6j.	Final asset in	come: la	arger of 6g or 6	3i			\$

### 7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column tot	al	•	•		•	\$ 7g.

7g. Column total

7h. Reserved

	Necestra	
7i.	Total annual income: 6j + 7g	\$ 7i.

#### 7b: Income Codes

Wages:		Welfare:	SS/SSI/Pensions:	Other Income Sources:
В	= own business	G = general assistance	P = pension	C = child support
F	= federal wage	IW = annual imputed welfare income	S = SSI	E = medical reimbursement
HA	= PHA wage	T = TANF assistance	SS = Social Security	I = Indian trust/per capita
M	= military pay			N = other nonwage sources
W	= other wage			U = unemployment benefits

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6:	Assets						
Note:	Use a separate line for each family member and asset type.						
Line 6a:	The name of each family member in the household that has assets and their Member number (line(s) 3a) that corresponds to the asset information reported.						
Line 6b:	List any asset that has a dollar value or provides a source of income to the person listed in column 6a.						
Note:	See the Form HUD-50058 Instruction Booklet for an explanation of allowable assets.						
Line 6c:	Use this column to perform asset calculations.						
Line 6d:	Estimated, known or calculated dollar value of the asset listed.						
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.						
Line 6f:	Total of the values listed in column 6d.						
Line 6g:	Total of the values listed in column 6e.						
Line 6h:	Enter the passbook rate as a decimal.						
Note:	The HUD field office determines the Passbook rate of interest for the project locality based on the average interest rate received on a Passbook Savings Account at several banks in the local area.						
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook rate of interest.						
Note:	If the total cash value of assets is \$5,000 or less, enter 0.						
Line 6j:	Total amount of household income derived from assets.						
7:	Income						
Note:	If the family members do not have any income from sources other than assets and do not expect any other income in the next 12-month period, leave 7a through 7g blank. Fill in total annual income (line 7i), which would be the total of the asset income.						
Line 7a:	The name of each family member in the household that has income and their Member number (line(s) 3a) that corresponds to the income information reported.						
Line 7b:	Use one or two letter code at bottom of page that represents the type of income for a family member.						
Note:	See the Form HUD-50058 Instruction Booklet for a detailed description of each income code.						
Line 7c:	Use this column to perform income calculations.						
Line 7d:	Yearly income amount the family member receives from the income source(s) listed.						
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income source.						
Line 7e:	Income excluded from annual income calculations.						
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.						
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income exclusion.						
Line 7f:	The family's total income minus any exclusions. Take dollars per year (line 7d) minus income exclusions (line 7e).						
Line 7g:	The total of the dollar amounts listed in column 7f.						
Line 7h:	Reserved for future HUD use.						
Line 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).						

Head	of household name	Social	Security Number	Date modified (	mm/dd/yyy	Head of household name Social Security Number Date modified (mm/dd/yyyy)								
8	Expected Income Per Ye	ar	•											
	·													
8a.	8a. Total annual income: copy from 7i													
Perr	missible Deductions (Public H	ousing Or	nly. If Section 8, Skip to 8f or 8q)											
8b. I	Family member name	No.	8c. Type of permissible deduction	8d. Amour	nt									
				\$										
				\$										
				\$										
8e. <sup>-</sup>	Total permissible deductions			\$	8e.									
If hea	ad/spouse/co-head is under 62 a	nd no fami	ly member disabled, skip to 8q			=								
8f. <b>N</b>	Medical/disability threshold: 8a X 0.	03		\$	8f.									
	Fotal annual unreimbursed disabilit o 8k)	y assistance	e expense (if no disability expenses, sk	ip \$	8g.									
8h. <b>N</b>	Maximum disability allowance: If 8g	minus 8f is	s positive or zero, put amount	\$	8h.									
			and head/spouse/co-head is under 62 abled, put 0	\$	8h.									
			and head/spouse/co-head is elderly or opy from 8g	\$	8h.									
8i. I	Earnings in 7d made possible by di	\$	8i.											
	Allowable disability assistance expendence head/spouse/co-head elderly or dis	\$	8j.											
	Total annual unreimbursed medical not disabled, put 0)	\$	8k.											
	Total annual disability assistance a expenses, copy from 8k)	nd medical	expense: 8j + 8k (if no disability	\$	8m.									
8n. <b>N</b>	8n. Medical/disability assistance allowance:  If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)				8n.									
			assistance expenses and 8g is greate ual to 8f, copy from 8m	r \$	8n.									
8p. I	Elderly/disability allowance (default	= \$400)		\$	8p.									
	Number of dependents (people unccount head of household, spouse, o		th disability, or full-time student. Do no ster child/adult, or live-in aide).	ot	8q.									
8r. /	Allowance per dependent (default =	: \$480)		\$	8r.	]								
8s. I	Dependent allowance: 8q X 8r			\$	8s.	]								
8t	Total annual unreimbursed childcar	e costs		\$	8t.	]								
8u	Total annual travel cost to work/sch	ool (Indian	Housing only)	\$	8u.	]								
8v. I	Reserved													
8w. I	Reserved													
8x.	Total allowances: 8e + 8n + 8p + 8s	s + 8t +8u				\$	8x.							
8y. /	Adjusted annual income: 8a minus	8x (if 8x is l	arger, put 0)			\$	8y.							

8:	Expected Income Per Year						
Line 8a:	The family's total annual family income. Copy from 7i.						
Line 8b:	Public Housing only. The name of each family member in the household, and their individual Member number as indicated in line(s) 3a that corresponds to the income information reported.						
Line 8c:	Public Housing only. The type of permissible deduction as determined by the PHA.						
Line 8d:	Public Housing only. The amount of the permissible deduction.						
Line 8e.	Public Housing only. The total of the dollar amounts (permissible deductions) listed in column 8d.						
Note:	If the head of household and spouse or co-head are under age 62, and there are no family members with a disability, skip to line 8q. Otherwise, enter all medical expense information for the entire family in lines 8f through 8n.						
Line 8f:	Amount of unreimbursed medical and disability expenses that the family must pay before the PHA can deduct an allowance for such expenses from their income. Multiply 0.03 by total annual income (line 8a).						
Line 8g:	The family's total annual unreimbursed disability expenses.						
Line 8h:	The amount the PHA may potentially deduct for the family's disability expenses. Subtract the medical/disability threshold (line 8f) from the total unreimbursed disability assistance expenses (line 8g).						
Note:	If the maximum disability allowance is negative and head/spouse/co-head is under 62 and not disabled, enter 0.						
Note:	If the maximum disability allowance is negative and head/spouse/co-head is elderly or disabled, copy the total unreimbursed disability assistance expenses (line 8g).						
Line 8i:	Of a family's dollars per year listed in line 7d, determine the earned amount made possible by the unreimbursed disability expenses the family incurs.						
Line 8j:	The total disability assistance expense amount the family may deduct. Lower of the maximum disability allowance (line 8h) or the earnings made possible by disability assistance expense (line 8i).						
Note:	If the total unreimbursed disability assistance expense (line 8g) is less than the medical/disability threshold (line 8f) and head/spouse/co-head elderly or disabled, copy the maximum disability allowance (line 8h).						
Line 8k:	The total annual amount of the family's medical expenses that another source does <u>not</u> reimburse (e.g., copayments for medical insurance).						
Note:	If the head/spouse/co-head is under 62 and not disabled, enter 0.						
Line 8m:	The amount of the family's total disability assistance (line 8j) and medical expenses (line 8k).						
Note:	If no disability expenses, copy the total unreimbursed medical expenses (line 8k).						
Line 8n:	The amount of the family's allowance for medical expenses and disability assistance expenses.						
Note:	If the family does not have any disability assistance expenses or if the total unreimbursed disability assistance expenses (line 8g) is less than the medical/disability threshold (line 8f), enter the total disability assistance and medical expenses (line 8m) minus the medical/disability threshold (line 8f) If the difference is negative, put zero.						
Note:	If disability assistance expense and the total unreimbursed disability assistance expense (line 8g) are greater than or equal to the medical/disability threshold (line 8f), copy the total disability assistance and medical expenses (line 8m).						
Line 8p:	The family's standard allowance amount if the head of household or spouse or co-head is elderly (age 62 or over), or disabled. The current allowance is \$400.						
Line 8q:	The total number of dependents who live in the household and are <i>under</i> 18 years of age, or have a disability, or are full-time students of any age.						
Line 8r:	Standard allowance amount for each dependent in the household.						
Note:	The current allowance per dependent is \$480.						
Line 8s:	The amount of the family's dependent allowance. Multiply the number of dependents (line 8q) in the household by the standard allowance per dependent amount (line 8r).						
Line 8t:	The household's total yearly unreimbursed childcare expenses.						
Note:	This is the estimated amount a family expects to pay for childcare during the annual income period.						
Line 8u:	Indian Housing only. The total annual amount of education or employment travel-related expense, which may <u>not</u> exceed \$1,300 per year (\$25 per week).						
Line 8v:	Reserved for future HUD use.						
Line 8w:	Reserved for future HUD use.						
Line 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, 8t, and 8u.						
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).						
Note:	If 8x is larger, put 0.						

Head of household name Social Security Number Date modified (mm/dd/yyyy)
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## 9. Total Tenant Payment (TTP)

9a. Total monthly income: 8a ÷ 12	\$ 98	Эа.
9b. Reserved		
9c. TTP if based on annual income: 9a X 0.10	\$ 9	9c.
9d. Adjusted monthly income: 8y ÷ 12	\$ 90	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8	90	e.
9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100	\$ 9	9f.
9g. Welfare rent per month (if none, put 0)	\$ 99	eg.
9h. Minimum rent (if waived, put 0)	\$ 91	∂h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i		\$ 9j.
9k. Most recent TTP	\$ 9	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	9r	lm.

9:	Total Tenant Payment (TTP)						
Line 9a:	Divide total annual income (line 8a) by 12 to get total monthly income.						
Line 9b:	Reserved for future HUD use.						
Line 9c:	Multiply total monthly income (line 9a) by 0.10 to get total tenant payment (TTP) based on annual income.						
Line 9d:	Divide adjusted annual income (line 8y) by 12 to get adjusted monthly income.						
Line 9e:	Percentage of adjusted monthly income used to determine total tenant payment (TTP).						
Note:	Use 30% for Section 8.						
Line 9f:	Multiply the adjusted monthly income (line 9d) by percentage of adjusted monthly income (line 9e) and divide by 100 to get total tenant payment (TTP) based on adjusted monthly income.						
Line 9g:	If the family receives welfare assistance, indicate the amount the welfare assistance agency specifically designates for shelter and utilities. The welfare assistance agency may adjust this amount in accordance with the actual cost of shelter and utilities.						
Note:	If no welfare rent, put 0.						
Line 9h:	Enter the PHA established monthly minimum rent amount. The PHA may require the tenant to pay a minimum rent amount up to \$50.						
Note:	If the PHA waived this payment because of financial hardship, enter 0.						
Line 9i:	Enhanced Vouchers only. Enter the monthly rent that the family was paying on the date of the 'eligibility event' for the project.						
Line 9j:	The total tenant payment (TTP). Indicate the highest amount listed in the lines 9c, 9f, 9g, 9h, or 9i.						
Line 9k:	The most recent total tenant payment (TTP) amount for the family.						
Note:	This amount is only available if the family previously lived in subsidized housing.						
Line 9m:	Indicate if the family qualifies for a minimum rent hardship exemption.						
Note:	Under PHRA, a family does not have to pay the PHA established minimum rent if they qualify for a financial hardship exemption.						

Head of household name	Social Secu	rity Number	Date modified	l (mm/dd/yyy	y)		
10. Public Housing, In	dian Rental, an	d Turnkey III					
10a. TTP: copy from 9j			\$	10a.	]		
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation) \$ 10b.							
Income Based Rent Calculation	on (if prorated rent	, skip to 10h)					
10c. Ceiling rent, if any			\$	10c.			
10d. Lower of TTP or ceiling rent (i	f no ceiling rent, put 1	0a)	\$	10d.			
10e. Utility allowance, if any			\$	10e.			
10f. Tenant rent: 10d minus 10e	If positive or 0, put	tenant rent			\$	10f.	
	If negative, credit te	enant		or CR	\$	10f.	
10g. Reserved							
Income Based Prorated Rent (	Calculation (if not	prorated, skip to 10u)					
10h. Public/Indian Housing maximu	um rent		\$	10h.			
10i. Family maximum subsidy: 10h	n minus 10a		\$	10i.			
10j. Total number eligible				10j.			
10k. Total number in family				10k.			
10m. Reserved							
10n. Eligible subsidy (10i ÷ 10k) X	10j		\$	10n.			
10p. Mixed family TTP: 10h minus	10n		\$	10p.			
10q. Reserved							
10r. Utility allowance, if any			\$	10r.			
10s. Mixed family tenant rent: 10p	minus 10r	If positive or 0, put tenant rent			\$	10s.	
If negative, credit tenant or CR					\$	10s.	
10t. Reserved							
Type of Rent							
.10u. Type of rent selected:							
Income based	Flat						
10v. Reserved							

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10:	Public Housing, Indian Rental, and Turnkey III					
Note:	Complete if the family's program type is Public Housing (line 1c=P) or Indian Housing (line 1c=B) and family participates in Public Housing, Indian Rental or Turnkey III and the type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), or Other Change of Unit (2a=7).					
Line 10a:	The total tenant payment (TTP). Copy from 9j.					
Line 10b:	Indicate the flat rent dollar amount.					
Note:	Flat rent is set by the unit size and building.					
Note:	If a PHA uses the ceiling rent amount for flat rent, input the ceiling rent amount in this line.					
Note:	See the Instruction Booklet for the prorated flat rent calculation.					
Line 10c:	The highest rent amount the PHA will require a family to pay for a particular unit size.					
Note:	If no ceiling rent, enter 0.					
Line 10d:	Indicate the lesser amount of either the total tenant payment (TTP) (line 10a) or ceiling rent (line 10c).					
Note:	If there is no ceiling rent, enter the TTP (line 10a).					
Line 10e:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.					
Note:	If there is no utility allowance, enter 0.					
Line 10f:	The rent amount the family pays to the owner after deducting the utility allowance (line 10e) from the lower rent (line 10d); or the total credit amount the family receives to pay utilities.					
Line 10g:						
Line 10h:	Indicate the maximum rent. To calculate the maximum rent, list the total tenant payments (TTP) paid by all tenants in this size unit in the PHA's jurisdiction from largest to smallest, then take the TTP that falls at the 95 <sup>th</sup> percentile.					
Line 10i:	Maximum amount of rent subsidy available to the family. Subtract total tenant payment (TTP) (line 10a) from the Public/Indian Housing maximum rent (line 10h).					
Line 10j:	The total number of family members eligible for rent subsidy based on the Noncitizens Rule.					
Line 10k:	The total number of family members in the household.					
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.					
Line 10m:	Reserved for future HUD use.					
Line 10n:	The total amount of rent subsidy for which the family is eligible. Divide family maximum subsidy (line 10i) by the total number in the family (line 10k) and multiply the product by the total number eligible (line 10j).					
Line 10p:	Indicate the mixed family total tenant payment (TTP) for the unit based on the proration calculation. Public/Indian Housing maximum rent (line 10h) minus eligible subsidy (line 10n).					
Line 10q:	Reserved for future HUD use.					
Line 10r:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.					
Note:	If there is no utility allowance, enter 0.					
Line 10s:	The rent amount the family pays to the owner after deducting the utility allowance (line 10r) from the mixed family total tenant payment (TTP) (line 10p); or the total credit amount the family receives to pay for utilities.					
Line 10t:	Reserved for future HUD use.					
Line 10u:	Indicate whether the family selected an income based rent or a flat rent.					
Line 10v:	Reserved for future HUD use.					

Head	Head of household name Social Security Number Date modified (mm/dd/yyyy)						/)	
11.	Section 8: Pre-merger and PHA Project Base		•	actured Hor	ne Owr	ner Rentin	g the	Space)
11a.	Number of bedrooms on Certif	icate	-					11a.
11b.	Is family now moving to this ur	nit? (Project-b	ased Certificates and Vo	uchers only) (Y	or N)			11b.
11c.	Reserved							
11d.	Did family move into your PHA	jurisdiction u	inder portability? (Y or N)	) (if no, skip to 11	g)			11d.
11e.	Cost billed per month (put 0 if	absorbed)					\$	11e.
11f.	PHA code billed							11f.
11g.	Housing type: Group home (prorate gros	ss rent)		=		sed assistand pied by 1 pers		
11h.	Owner name							11h.
11i.	Owner TIN/SSN							11i.
11j.	Reserved							
11k.	Contract rent to owner (if unit h	nas other sub	sidy, put subsidized rent)		\$	11k.		
11m.	Utility allowance, if any				\$	11m.		
11n.	Gross rent of unit: 11k + 11m				\$	11n.		
11p.	Reserved							
11q.	TTP: copy from 9j				\$	11q.		
Ren	Calculation (if prorated ren	nt, skip to 1	1aa)					
11r.	Total HAP: 11n minus 11q. If 1	1q is larger,	put 0		\$	11r.		
11s.	Tenant rent: 11k minus 11r	If positive or	0, put tenant rent		\$	11s.		
		If negative,	credit tenant	or CR	\$	11s.		
11t.	HAP to owner: lower of 11k or	11r					\$	11t.
Pror	ated Rent Calculation							
11aa	. Normal total HAP: 11n minus 1	11q (skip to 1	1ae)		\$	11aa.		
11ab	. Reserved							
11ac	. Reserved							
11ad	. Reserved							
11ae	. Total number eligible					11ae.		
11af.	Total number in family					11af.		
11ag	. Proration percentage: 11ae ÷	11af				11ag.		
11ah	. Prorated total HAP: 11aa X 11	ag			\$	11ah.		
11ai.	Mixed family TTP: 11n minus 1	I1ah			\$	11ai.		
11aj.	Utility allowance: copy from 11	m			\$	11aj.		
11ak	. Mixed family tenant rent: 11ai	minus 11aj	If positive or 0, put ter				\$	11ak.
			If negative, credit tena	ant		or CR	\$	11ak.
11am	n. Reserved						ı	
11an	. Prorated HAP to owner: 11k n	ninus 11ak (if	11ak is negative, put 11k	<b>(</b> )			\$	11an.

11:	Section 8: Pre-merger Certificates (Except Manufactured Home Owner Renting the Space) and PHA Project Based Assistance Only						
Note:	Complete if the family's program type is Certificates (1c=CE) for Pre-merger Certificates or Vouchers (1c=VO) for Project-based Vouchers and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), Portability Move-in (2a=4), or Other Change of Unit (2a=7).						
Line 11a:	Unit size (number of bedrooms) listed on the family's Certificate.						
Line 11b:	Project-based Certificates and Vouchers only. Indicate if the family is now moving into the unit.						
Line 11c:	Reserved for future HUD use.						
Line 11d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.						
Line 11e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP), on-going administrative fee, and any utility reimbursement to the family.						
Note:	Enter 0 if the family was absorbed by the receiving PHA.						
Line 11f:	The initial PHA's 2-letter state code and 3-digit identification number.						
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.						
Line 11g:	Check the housing type that applies to the family's housing unit.						
Line 11h:	The Section 8 unit owner's legal name.						
Line 11i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.						
Line 11j:	Reserved for future HUD use.						
Line 11k:	Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.						
Line 11m:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.						
Line 11n:	To get the unit's total monthly rent amount, or gross rent, add the contract rent to owner (line 11k) and the utility allowance (line 11m).						
Line 11p:	Reserved for future HUD use.						
Line 11q:	The total tenant payment (TTP). Copy from 9j.						
Line 11r:	Total housing assistance payment (HAP), which is composed of the gross rent of unit (line 11n) minus total tenant payment (TTP) (line 11q).						
Line 11s:	The rent amount the family pays to the owner after deducting the total housing assistance payment (HAP) (line 11r) from the contract rent to owner (line 11k); or the total credit amount the family receives to pay utilities.						
Line 11t:	The amount of the housing assistance payment (HAP) to the unit owner. Indicate the lower amount of the contract rent to owner (line 11k) or total HAP (line 11r).						
Line 11aa:	Amount of the normal total housing assistance payment. Subtract total tenant payment (TTP) (line 11q) from gross rent (line 11n).						
Line 11ab-ad:	Reserved for future HUD use.						
Line 11ae:	Total number of family members eligible for a rent subsidy based on the Noncitizens Rule.						
Line 11af:	Total number of family members in household.						
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.						
Line 11ag:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 11ae) by total number in family (line 11af).						
Line 11ah:	Total prorated housing assistance payment (HAP). Multiply normal total HAP (line 11aa) by proration percentage (line 11ag).						
Line 11ai:	Total tenant payment (TTP) for the unit based on the proration calculation. Gross rent of unit (line 11n) minus prorated total housing assistance payment (HAP) (line 11ah).						
Line 11aj:	Monthly allowance amount for tenant supplied utilities if the payment does not include all utilities. Copy from line 11m.						
Line 11ak:	The rent amount the family pays to the owner after deducting the utility allowance (line 11aj) from the mixed family total tenant payment (TTP) (line 11ai); or the total credit amount the family receives to pay utilities.						
Line 11am:	Reserved for future HUD use.						
Line 11an:	The total prorated housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 11ak) from the contract rent to owner (line 11k).						
Note:	If the mixed family tenant rent (line 11ak) is negative, enter the contract rent to owner (line 11k).						

Previous editions are obsolete x Form HUD-50058 (6/2001)

Head	ad of household name Social Security Number Date modified (mm/dd/yyyy)			уу)		
12.	Section 8 Vouchers					
12a.	Number of bedrooms on Voucher					12a.
12b.	2b. Is family now moving to this unit? (Y or N)					12b.
12c.	Does the family qualify as a Hard to H	louse family	? (Y or N)			12c.
12d.	Did family move into your PHA jurisdic	ction under p	portability? (Y or N) (if no, skip	to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed	ed)			\$	12e.
12f.	PHA code billed					12f.
12g.	Housing type:		Group home (prorate gross	rent)		
	Own manufactured home, lease	space	SRO: 1 room occupied by 1	person		
12h.	Owner name					12h.
12i.	Owner TIN/SSN					12i.
12j.	Payment standard for the family			\$ 12j	<u>.                                      </u>	
12k.	Rent to owner			\$ 12k		
12m.	Utility allowance, if any			\$ 12m		
12n.	Reserved					
12p.	Gross rent of unit: 12k + 12m (or Spa	ace Rent)		\$ 12p	<u>.                                      </u>	
12q.	Lower of 12j or 12p (if Premerger Vou	icher contrac	ct, see Instruction Booklet)	\$ 12q		
12r.	TTP: copy from 9j			\$ 12r		
12s.	Total HAP: 12q minus 12r			\$ 12s		
Rent	Calculation (if prorated rent, skip	p to 12ab)				
12t.	Total family share: 12p minus 12s			\$ 12t		
12u.	HAP to owner: lower of 12k or 12s			\$ 12u	-	
12v.	Tenant rent to owner: 12k minus 12u				\$	12v.
12w.	Utility reimbursement to family: 12s m	ninus 12u, bu	it do not exceed 12m		\$	12w.
Pror	ated Rent Calculation					
12aa	. Reserved					
12ab	. Normal total HAP: copy from 12s, but	do not exce	ed 12p		\$	12ab.
12ac.	Total number eligible			12ac		
12ad.	. Total number in family			12ad		
12ae.	. Proration percentage: 12ac ÷ 12ad			12ae		
12af.	Prorated total HAP: 12ab X 12ae			12af		
12ag.	. Mixed family total family contribution:	12p minus 1	2af	\$ 12ag		
12ah.	. Utility allowance: copy from 12m			\$ 12ah		
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah	If positive	or 0, put tenant rent		\$	12ai.
		If negativ	e, credit tenant	or CR	\$	12ai.
12aj.	Prorated HAP to owner: 12k minus 12	2ai. If 12ai is	negative, put 12k		\$	12aj.
12ak	Reserved	<u></u>				

12:	Section 8: Vouchers				
Note:	Complete if program type is Tenant-based Voucher (1c=VO) and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), Portability Move-in (2a=4), or Other Change of Unit (2a=7).				
Line 12a:	Unit size (number of bedrooms) listed on the family's Voucher.				
Line 12b:	Indicate if the family is now moving into the unit.				
Line 12c:	Indicate whether or not the family qualifies as Hard to House. A family qualifies as Hard to House if there are three or more minors or if there is a disabled family member and the family is moving to a different unit.				
Line 12d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.				
Line 12e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.				
Note:	Enter 0 if the family was absorbed by the receiving PHA.				
Line 12f:	The initial PHA's 2-letter state code and 3-digit identification number.				
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.				
Line 12g:	Check the housing type that applies to the family's housing unit.				
Line 12h:	The Section 8 unit owner's legal name.				
Line 12i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.				
Line 12j:	Enter maximum monthly assistance payment for a family assisted in the Voucher program.				
Line 12k:	Total monthly rent payable to the unit owner under the lease for the contract unit.				
Line 12m:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.				
Line 12n:	Reserved for future HUD use.				
Line 12p:	Gross rent of unit or space rent. Add rent to owner (line 12k) to the utility allowance (line 12m).				
Line 12q:	Lower of Voucher payment standard for family (line 12j) or gross rent of unit (line 12p).				
Line 12r:	Total tenant payment (TTP). Copy from 9j.				
Line 12s:	Total housing assistance payment (HAP), which is composed of the lower of the payment standard for the family or gross rent (line 12q) minus total tenant payment (TTP) (line 12r).				
Line 12t:	Amount the family contributes toward rent and utilities. Subtract total housing assistance payment (HAP) (line 12s) from gross rent of unit (line 12p).				
Line 12u:	The amount of the housing assistance payment (HAP) to the unit owner. Indicate the lower of the rent to owner (line 12k) or total HAP (line 12s).				
Line 12v:	Rent amount the family pays to the owner after deducting the housing assistance payment (HAP) to owner (line 12u) from the rent to owner (line 12k).				
Line 12w:	The utility reimbursement to the family from the PHA. Subtract housing assistance payment (HAP) to owner (line 12u) from total HAP (line 12s), but do not exceed the utility allowance (line 12m).				
Line 12aa:	Reserved for future HUD use.				
Line 12ab:	The amount of the normal total housing assistance payment (HAP).				
Line 12ac:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.				
Line 12ad:	Total number of family members in household.				
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.				
Line 12ae:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 12ac) by total number in the family (12ad).				
Line 12af:	Multiply total normal housing assistance payment (HAP) (line 12ab) by the proration percentage (line 12ae).				
Line 12ag:	Indicate the mixed family total family contribution based on the proration calculation. Take the gross rent of unit (line 12p) minus prorated total housing assistance payment (HAP) (line 12af).				
Line 12ah:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.				
Line 12ai:	The rent amount the family pays to the owner after subtracting the utility allowance (line 12ah) from the mixed family total family contribution (line 12ag); or the total credit amount the family receives to pay for utilities.				
Line 12aj:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent to owner (line 12ai) from the rent to owner (line 12k).				
Note:	If the mixed family tenant rent to owner (line 12ai) is negative, enter the rent to owner (line 12k).				
Line 12ak:	Reserved for future HUD use.				

Head o	f household name So	cial Security Number	Date modified (mm/dd/yyy	y)	
13. \$	Section 8: Moderate Rehabilita	ation (Mod Rehab)			
13a.	HAP contract number —	R			13a
13b.	Mod Rehab SRO Program for homeless?	(Y or N)			13b
13c.	Mod Rehab SRO unit (not homeless prog	ram)? (Y or N)			130
13d.	Owner name				13d
13e.	Owner TIN/SSN				13e
13f.	Current base rent		\$ 13f.		
13g.	Rehabilitation debt service		\$ 13g.		
13h.	Contract rent to owner: 13f + 13g		\$ 13h.		
13i.	Utility allowance, if any		\$ 13i.		
13j.	TTP: copy from 9j		\$ 13j.		
	Calculation (if prorated, skip to 13p)  Tenant rent: 13j minus 13i (if 13j is			¢	121
	greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent		\$	13k
		If negative, credit tenant	or CR	\$	13k
	HAP to owner: 13h minus 13k (if 13k is ne	egative, put 13h)		\$	13m
13n.	Reserved				
Prora	ted Rent Calculation				
13p.	Gross rent: 13h + 13i		\$ 13p.		
13q.	Normal total HAP: 13p minus 13j		\$ 13q.	-	
13r.	Total number eligible		\$ 13r.		
13s.	Total number in family		\$ 13s.	-	
13t.	Proration percentage: 13r ÷ 13s		\$ 13t.		
13u.	Prorated total HAP: 13q X 13t		\$ 13u.		
13v.	Mixed family TTP: 13p minus 13u		\$ 13v.		
13w.	Utility allowance: copy from 13i		\$ 13w.	-	
13x.	Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent		\$	13x
		If negative, credit tenant	or CR	\$	13x
13y.	Reserved	3			
13z.	Prorated HAP to owner: 13h minus 13x (if	13x is negative, put 13h)		\$	13z

13:	Section 8: Moderate Rehabilitation (Mod Rehab)					
Note:	Complete if program type is Moderate Rehabilitation (1c=MR) and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), or Other Change of Unit (2a=7).					
Line 13a:	The housing assistance payment (HAP) contract number. Include the sequence number for each HAP contract.					
Note:	The HAP contract sequence number identifies the particular HAP contract as under the project (funding increment).					
Line 13b:	Indicate whether the family's unit is in a Single-Room Occupancy (SRO) project under the SRO Program for Homeless Individuals.					
Line 13c:	Indicate whether the family's unit is a Single-Room Occupancy (SRO) unit, but <u>not</u> under the SRO Program for Homeless Individuals.					
Line 13d:	The Section 8 unit owner's legal name.					
Line 13e:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.					
Line 13f:	The current base rent for the unit that reflects the most recent rent adjustment.					
Line 13g:	The owner's current monthly rehabilitation debt service payments for the unit.					
Line 13h:	The monthly rent amount paid to the Mod Rehab unit owner as specified in the housing assistance payment (HAP) contract. Add the current base rent (line 13f) to any monthly rehabilitation debt service (line 13g).					
Line 13i:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.					
Line 13j:	The total tenant payment (TTP). Copy from 9j.					
Line 13k:	The rent amount the family pays to the owner after deducting the utility allowance (line 13i) from the total tenant payment (TTP) (line 13j); or the total credit amount the family receives to pay for utilities.					
Line 13m:	The amount of the housing assistance payment (HAP) to the unit owner. Subtract the tenant rent (line 13k) from the contract rent to owner (line 13h).					
Note:	If the tenant rent (line 13k) is negative, enter the contract rent to owner (line 13h).					
Line 13n:	Reserved for future HUD use.					
Line 13p:	The unit's total monthly rent amount. Add the contract rent to owner (line 13h) to the utility allowance (line 13i).					
Line 13q:	The amount of the normal total housing assistance payment (HAP). Subtract total tenant payment (TTP) (line 13j) from the gross rent (line 13p).					
Line 13r:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.					
Line 13s:	Total number of family members in household.					
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.					
Line 13t:	Percentage of family eligible for rent subsidy. Divide the total number eligible (line 13r) by the total number in family (line 13s).					
Line 13u:	The prorated housing assistance payment (HAP). Multiply the normal total HAP (line 13q) by the proration percentage (line 13t).					
Line 13v:	Indicate the mixed family total tenant payment (TTP). Subtract the prorated total housing assistance payment (HAP) (line 13u) from the gross rent (line 13p).					
Line 13w:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.					
Line 13x:	The rent amount the family pays to the owner after deducting the utility allowance (line 13w) from the mixed family total tenant payment (TTP) (line 13v); or the total credit amount the family receives to pay for utilities.					
Line 13y:	Reserved for future HUD use.					
Line 13z:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 13x) from the contract rent to owner (line 13h).					
Note:	If mixed family tenant rent (line 13x) is negative, enter the contract rent to owner (line 13h).					

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Head of household name Social Secu		Social Security Number	Date modified	(mm/dd/yyy	y)	
14.	Manufactured Home Owner	er Renting the Space (P	re-merger Certificate	es Only)		
14a.	Number of bedrooms on Certificate					14a.
14b.	Reserved					
14c.	Did family move into your PHA jurise	diction under portability? (Y or	N) (if no skip to 14g)			14c.
14d.	Cost billed per month (put 0 if absor	bed)			\$	14d.
14e.	PHA code billed					14e.
14f.	Reserved					
14g.	Space owner name					14g.
14h.	Space owner TIN/SSN					14h.
14i.	Reserved					
14j.	Furniture included in purchase price	? (Y or N)				14j.
14k.	Monthly amortization payment		\$	14k.		
14m.	Deduction: If 14j = Y, 14k X 0.15. (if	14j = N, put 0)	\$	14m.		
14n.	Adjusted amortization: 14k minus 14	4m	\$	14n.		
14p.	Utility allowance, if any		\$	14p.		
14q.	Rent to owner (space rent)		\$	14q.		
14r.	Gross rent: 14n + 14p + 14q		\$	14r.		
14s.	TTP: copy from 9j		\$	14s.		
14t.	Gross rent minus TTP: 14r minus 14	ls .	\$	14t.		
14u.	Reserved					
14v.	HAP to owner: lower of 14q or 14t				\$	14v.
Rent	: Calculation (if prorated rent, sk	(ip to 14aa)				
	Tenant rent: 14q minus 14v	<u></u>			\$	14w.
14x.	Reserved					
Pror	ated Rent Calculation					
14aa	. Total number eligible			14aa.		
14ab	. Total number in family			14ab.	-	
14ac.	Proration percentage: 14aa ÷ 14ab			14ac.		
14ad	. Prorated HAP to owner: 14v X 14ac		\$	14ad.	1	
14ae	. Mixed family TTP: 14r minus 14ad		\$	14ae.	1	
14af.	Reserved		1			
1/120	. Mixed family tenant rent: 14q minus	14ad			\$	14ag.

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14:	Manufactured Home Owner Renting the Space (Pre-merger Certificates only)					
Note:	This section will be obsolete on September 30, 2001, when all Certificates must be converted to Voucher assistance.					
Note:	Complete if program type is Certificates (line 1c=CE) for Manufactured Home Owner Renting the Space and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), Portability Move-in (2a=4), or Other Change of Unit (2a=7).					
Line 14a:	The unit size (number of bedrooms) listed on the family's Certificate.					
Line 14b:	Reserved for future HUD use.					
Line 14c:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.					
Line 14d:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.					
Note:	Enter 0 if the family was absorbed by the receiving PHA.					
Line 14e:	The initial PHA's 2-letter state code and 3-digit identification number.					
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.					
Line 14f:	Reserved for future HUD use.					
Line 14g:	The space owner's legal name.					
Line 14h:	Tax identification number (TIN) or Social Security Number (SSN) of the legal space owner.					
Line 14i:	Reserved for future HUD use.					
Line 14j:	Indicate whether or not the manufactured home's purchase price included the cost of furniture.					
Line 14k:	The monthly amount paid for principal and interest to amortize the manufactured home's purchase price.					
Note:	Include any set-up charges for assembling, skirting, and anchoring the manufactured home.					
Line 14m:	The deduction amount for furniture cost from the monthly amortization payment.					
Line 14n:	The adjusted monthly amortization payment. Subtract the deduction (line 14m) from the monthly amortization payment (line 14k).					
Line 14p:	If the owner does <u>not</u> provide all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.					
Line 14q:	The monthly rent payable to the space owner under the lease.					
Note:	Includes the required charges for all maintenance and management services, but excludes on-going utility charges.					
Line 14r:	The space's total monthly rent amount, or gross rent. Add adjusted amortization (line 14n), the utility allowance (line 14p) and the rent to owner (line 14q).					
Line 14s:	The total tenant payment (TTP). Copy from 9j.					
Line 14t:	Indicate the total tenant payment (TTP) (line 14s) subtracted from the gross rent (line 14r).					
Line 14u:	Reserved for future HUD use.					
Line 14v:	The amount of the housing assistance payment (HAP) to the space owner. Indicate the lower amount of the gross rent to owner (line 14q) or gross rent minus total tenant payment (TTP) (line 14t).					
Line 14w:	The rent amount the family pays to the owner. Deduct the housing assistance payment (HAP) to owner (line 14v) from the rent to owner (line 14q).					
Line 14x:	Reserved for future HUD use.					
Line 14aa:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.					
Line 14ab:	Total number of family members in household.					
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.					
Line 14ac:	Percentage of family eligible for rent subsidy. Divide the total number eligible (line 14aa) by the total number in family (line 14ab).					
Line 14ad:	The total prorated amount of the housing assistance payment (HAP) to the space owner. Multiply the housing assistance payment (HAP) to owner (line 14v) by the proration percentage (line 14ac).					
Line 14ae:	Indicate the mixed family total tenant payment (TTP) based on the proration calculation. Subtract the prorated housing assistance payment (HAP) to owner (line 14ad) from the gross rent (line 14r).					
Line 14af:	Reserved for future HUD use.					
Line 14ag:	The rent amount the family pays to the owner. Subtract the prorated housing assistance payment (HAP) to owner (line 14ad) from the rent to owner (line 14q).					

	of Household Hallie	2 410 1110 4111	ca (mm/aa/yyy	,,	
15.	Section 8: Homeownership				
15a.	Is family now moving to this home? (Y or N)		15a.		
15b.	Date (mm/dd/yyyy) of initial HQS inspection		15b.		
15c.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 15f)		15c.		
15d.	Cost billed per month (put 0 if absorbed)	\$	15d.		
15e.	PHA code billed		15e.		
15f.	Monthly homeownership payment (PITI & MIP if applicable)	\$	15f.		
15g.	Utility allowance	\$	15g.		
15h.	Monthly maintenance allowance	\$	15h.		
15i.	Monthly major repair/replacement allowance	\$	15i.		
15j.	Monthly Co-op/Condominium assessments	\$	15j.		
15k.	Monthly principal and interest on debt for improvements, if any	\$	15k.		
15m.	Gross homeownership expense: 15f + 15g + 15h + 15i + 15j+ 15k	\$	15m.		
15n.	Payment standard for family	\$	15n.		
15p.	Lower of 15m and 15n	\$	15p.		
15q.	TTP: copy from 9j	\$	15q.		
15r.	HAP: 15p minus 15q (if 15q is larger, put 0)	\$	15r.		
Subs	sidy Calculation (if prorated, skip to 15aa)				
15s.	Total family share: 15m minus 15r			\$	15s.
Prora	ated Subsidy Calculation				
15aa.	Normal total HAP: copy from 15r	\$	15aa.		
15ab.	. Total number eligible		15ab.		
15ac.	. Total number in family		15ac.		
15ad.	. Proration percentage: 15ab ÷ 15ac		15ad.	1	
15ae.	. Prorated HAP: 15aa X 15ad	\$	15ae.	1	
15af.	Mixed family total family share: 15m minus 15ae			\$	15af.
15ag.	. Reserved	•			
15ah.	. Reserved				

Social Security Number

Head of household name

Date modified (mm/dd/yyyy)

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15:	Homeownership					
Note:	Complete if program type is Homeownership (line 1c=VO) and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), Portability Move-in (2a=4), or Other Change of Unit (2a=7).					
Line 15a:	Indicate if the family is now moving into the home.					
Line 15b:	Date of the initial housing quality standards (HQS) inspection.					
Line 15c:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.					
Line 15d:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.					
Note:	Enter 0 if the family was absorbed by the receiving PHA.					
Line 15e:	The initial PHA's 2-letter state code and 3-digit identification number.					
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.					
Line 15f:	The monthly homeownership cost.					
Note:	Includes principal and interest on initial mortgage debt, taxes and insurance (PITI) and any mortgage insurance premium (MIP), if applicable.					
Line 15g:	The PHA's utility allowance for the unit.					
Line 15h:	The amount of PHA's allowance for the homeowner's monthly routine maintenance costs.					
Line 15i:	The amount of the PHA's allowance for the homeowners major home repairs and replacements.					
Line 15j:	If applicable, enter co-op occupancy charges or condominium association assessments.					
Line 15k:	The amount of principal and interest for debt associated with home improvements on the unit.					
Line 15m:	Calculation of tenant's total cost of homeownership. Sum of 15f through 15k.					
Line 15n:	Enter the lower of the payment standard for the unit size as indicated on the family's Voucher or the payment standard for the unit size that the family actually owns.					
Line 15p:	The lower of gross homeownership expense (line 15m) and the payment standard for the family (line 15n).					
Line 15q:	Total tenant payment (TTP). Copy from 9j.					
Line 15r:	The amount of monthly homeownership assistance payment (HAP). Subtract total tenant payment (TTP) (line 15q) from the lower of 15m and 15n (line 15p).					
Note:	If the TTP (line 15q) is larger, enter 0.					
Line 15s:	Total amount the family contributes toward homeownership. Subtract housing assistance payment (HAP) (line 15r) from gross homeownership expense (line 15m).					
Line 15aa:	The amount of the normal total housing assistance payment.					
Line 15ab:	Total number of family members eligible for homeownership subsidy based on the Noncitizens Rule.					
Line 15ac:	Total number of family members in the household.					
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.					
Line 15ad:	Percentage of family eligible for homeownership subsidy. Divide the total number eligible (line 15ab) by the total number in family (line 15ac).					
Note:	Do not include live-in aides or foster children and adults. Include ineligible noncitizen family members as part of the total family number.					
Line 15ae:	The total prorated amount of the homeownership assistance payment (HAP) to the homeowner. Multiply normal total HAP (line 15aa) by the proration percentage (line 15ad)					
Line 15af:	Indicate the mixed family total family contribution based on the proration calculation. Subtract the prorated housing assistance payment (HAP) (line 15ae) from the gross homeownership expense (line 15m).					
Line 15ag:	Reserved for future HUD use.					
Line 15ah:	Reserved for future HUD use.					

Head	Head of household name Social Security Number			d (mm/dd/yyyy
16.	Indian Mutual Help			
16a.	Adjusted monthly income: copy from	9d	\$	16a.
16b.	<ul> <li>Number between 0.15 and 0.30 corresponding to the % in the mutual help agreement</li> </ul>			16b.
16c.	6c. Gross family cost: 16a X 16b			16c.
16d.	d. Utility allowance, if any			16d.
16e.	16e. Net cost: 16c minus 16d (if 16d is larger, put 0)			16e.
16f.	Administration charge			16f.

\$

16g.

\$

16h.

Maximum monthly payment in agreement, if any (usually 16f + monthly debt service)

Family cost: higher of 16e and 16f, but not greater than 16g

16g.

16h.

16:	Indian Mutual Help				
Note:	Complete if program type is Indian Mutual Help (1c=B) and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), or Other Change of Unit (2a=7).				
Line 16a:	The total amount of adjusted monthly income received on a monthly basis. Enter the amount from 9d.				
Line 16b:	ine 16b: The Mutual Help and Occupancy Agreement (MHOA) percentage, as indicated in the Mutual Help agreement. Use a decimal between 0.15 and 0.30.				
Line 16c:	ine 16c: The total amount of the family's monthly cost. Multiply adjusted monthly income (line 16a) by the mutual help agreement percentage (line 16b).				
Line 16d:	ine 16d: If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that applied the family occupied unit.				
Line 16e:	The net family cost. Deduct the utility allowance (line 16d) from the gross family cost (line 16c).				
Note:	If the utility allowance (line 16d) is larger, enter 0.				
Line 16f:	Each Indian Housing Authority (IHA) sets their administration charge. Enter the amount of the IHA's charge.				
Line 16g:	If the IHA has an established maximum monthly payment schedule, enter the amount. The maximum is usually the total of the administration charge (line 16f) and any debt service payments shown on the homebuyer's purchase price schedule.				
Line 16h:	The total family cost. The higher amount of either the net cost (line 16e) or the administration charge (line 16f).				
Note:	If this amount exceeds the maximum monthly payment in the agreement, enter the maximum monthly payment (line 16g).				

Head of household name	Social Security Numb	er	Date n	nodified (mm/dd/yyy	y)
17. Family Self-Sufficiency (F	SS)/ Welfare to	Work (WtW	) Voucher A	ddendum	
17a. Participate in special programs? (ch	neck all that apply)	FSS	Welfare to Wo	rk Voucher	
17b. FSS report category (check no more	e than one)	nrollment	Progress	Exit	
17c. FSS effective date (mm/dd/yyyy) of	action				17c
17d. PHA code of PHA administering FS	S contract				17d.
17e. WtW report category (check no mo	re than one) E	nrollment	Progress	Exit	
17f. WtW effective date (mm/dd/yyyy) o	f action				17f.
17g. (1) PHA code of PHA that issued t	he WtW Voucher				17g(1).
(2) PHA code of PHA counting the	family as enrolled in it	s WtW Voucher	program (if differ	ent from 17g(1))	17g(2).
17h. General Information					•
(1) Current employment status of h			ndicate the head	of household's	
employment status at the time Full-time (32 hours per we	· —	art-time	Not ampleyed		
	,	art-time _	Not employed		47h (0)
(2) Date (mm/dd/yyyy) current emp			Datirorea		17h(2).
(3) Benefits in current employment			Retiremer		Other
(4) Years of school completed by t formal schooling the head of ho					17h(4).
(5) Assistance received by the fam	nily: (check all that app	ly)			,
TANF Income Assistance		General	Assistance	Food Star	mps
Medicaid/Children's Health	Insurance Program	Earned I	ncome Tax Credi	t	
(6) Number of children receiving cl	hildcare services				17h(6)
17i. Family services table (optional for V	VtW Voucher)				
	(1) Need	Needs Met	(2) Through Prograi	n Servi	(3) ce Provider
	(Y or N)		Y or N)		
Education/Training					
GED High school					
High school  Post secondary					
Vocational/Job training					
Job search/job placement					
Job retention					
Transportation					
Health services					
Alcohol and other drug abuse prevention services					
Mentoring					
Homeownership counseling					
Individual Development Account (IDA)					
Child care					
None					
17i (3) Service Provider Codes:					
	OOL grantee /oluntary organization	PR = For p N = Nonp	profit entity profit agency	E = Employe C = Commu	er nity college

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17:	Family Self-Sufficiency (FSS)/Welfare to Work (WtW) Voucher Addendum				
Note:	Complete this section if the family participates in the Family Self-Sufficiency or Welfare to Work Programs.				
Line 17a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program, a Welfare to Work (WtW) Voucher program, or both.				
Line 17b:	Check one category to indicate the purpose of the FSS Addendum.				
Line 17c:	The effective date of the FSS action.				
Line 17d:	The PHA code associated with the PHA that provides the FSS services.				
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.				
Line 17e:	Check one category to indicate the purpose of the WtW Addendum.				
Line 17f:	The effective date of the WtW action.				
Line 17g(1):	17g(1): The PHA code associated with the PHA that issued the WtW Voucher. For unknown issuing PHAs, enter own PHA code.				
Line 17g(2):	The PHA code of the PHA counting the family as enrolled.				
Note:	Only complete if this PHA code differs from 17g(1).				
Line 17h.(1):	Indicate the head of household 's current employment status.				
Line 17h.(2):	The date the head of household began his/her current job.				
Line 17h.(3):	Indicate the head of household's current employment benefits. Check all that apply.				
Line 17h.(4):	Enter the highest grade or the full years of formal schooling that the head of household completed (0-25).				
Note:	Years of schooling begin with 1 <sup>st</sup> grade (do not count kindergarten or pre-school).				
Line 17h.(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.				
Line 17h.(6):	Indicate the number of children in the household who receive childcare services.				
Line 17i.(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.				
Line 17i.(2):	If the PHA identified certain needs for family members, indicate whether or not the program meets these needs.				
Line 17i.(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.				

Head of household name		Social Security Number		Date modified (mm/dd/yyyy)			
Fam	ily Self Sufficiency Program (if	not in FSS program, s	skip to '	17n)			
17j.	FSS Contract Information						
	(1) Initial start date (mm/yyyy) of c	ontract of participation (F	SS enrol	lment report	only)		17j(1).
	(2) Initial end date (mm/yyyy) of contract of participation (FSS enrollment report only)						17j(2).
	(3) Contract date extended to (mm/yyyy) (if applicable)						17j(3).
-	(4) Number of family members with Individual Training and Services Plan						17j(4).
	(5) Did the family receive selection preference because of a FSS related service program participation? (FSS enrollment report only) (Y or N)						17j(5).
17k.	FSS account information						
	(1) Current FSS account monthly of	credit				\$	17k(1).
	(2) Current FSS account balance					\$	17k(2).
	(3) FSS account amount disbursed to the family (cumulative as of end of reporting period)						17k(3).
17m.	FSS exit information (FSS Exit Re	eport only)					
	(1) Did family complete contract of	participation? (Y or N	N)				17m(1).
	(2) If (1) is Yes, did family move to	homeownership? (Y or	or N)				17m(2).
	(3) If (1) is No, primary reason for	exit: Left voluntarily	ly	Asked to leav	e program Porta	bility mo	ove-out
	Left because essential ser	vice was unavailable		Contract expi	red but family did not fulfill	obligat	ions
\A/~16	ana ta Marila Vassali an Brannana						
	are to Work Voucher Program						
17n.							
	(1) Date (mm/dd/yyyy) Voucher iss		-			<u> </u>	17n(1).
	(2) Date (mm/dd/yyyy) of request f		-			<del> </del>	17n(2).
	(3) Help in housing search from:	TANF Agency		Other			17n(3).
17p.	lf_assisted in a different unit, reasor				ort only)		
ı	Closer to day care		ransporta				
Pre-program unit would not meet HQS Pre-program unit rent above payment standard, tenant rent too high							
	Owner of pre-program unit unwil	ling to participate Cl	loser to d	ther services			
[	Employment						
•							
17q.	Welfare to Work exit information (W	tW exit report only)					
	(1) Is the family moving to homeov	vnership? (Y or N)					17q(1).
	(2) Primary reason for leaving the	WtW Voucher program:					
	Portability move-out						
	Family no longer needs subsidy	/					
Subsidy terminated for Section 8 program violation, other than WtW obligations							
Subsidy terminated for violation of WtW obligations							
	Family voluntarily withdrew from Section 8 program						
	Other	Codion o program					

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17:	Family Self-Sufficiency (FSS)/Welfare to Work (WtW) Voucher Addendum (continued)					
Line 17j.(1):	FSS enrollment report only. The effective date of the family's FSS contract of participation; the date the family <i>initially</i> enrolled in the FSS program.					
Line 17j.(2):	FSS enrollment report only. The expiration date of the family's FSS contract of participation; the date the family is <i>initially</i> expected to exit the FSS program. The contract term is for a period of 5 years.					
Line 17j.(3):	If applicable, the date to which the PHA has extended the family's FSS contract of participation.					
Line 17j.(4):	The number of family members in the household who have current Individual Training and Services Plans under the FSS contract of participation.					
Line 17j.(5):	For new FSS enrollment, indicate whether or not the family received an FSS selection preference due to participation in a related service program.					
Line 17k.(1):	The current dollar amount credited to the family's FSS account due to increases in earned income by the family.					
Line 17k.(2):	The current dollar amount of the family's FSS account based on the most recent report of account funds and activity.					
Line 17k.(3):	Total dollar cumulative amount, if any, of all FSS escrow disbursements ever made to the family.					
Line 17m.(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term, or when 30% of the family's monthly adjusted income equal or exceed the existing housing fair market rent (FMR) for the unit size for which the family qualifies.					
Line 17m.(2):	Indicate if the family completed the contract and is moving to homeownership.					
Line 17m.(3):	Indicate why the family is not moving to homeownership.					
Line 17n.(1):	The date the PHA issued the Welfare to Work Voucher.					
Line 17n.(2):	The date the family submitted a request for lease approval (RFLA) to the PHA.					
Line 17n.(3):	Identify entities that helped the family find a unit.					
Line 17p:	If assistance occurred in a different unit, check all of the reasons that apply.					
Line 17q.(1):	Indicate whether or not the family withdrew from the Section 8 WtW program to buy a home.					
Line 17q.(2):	Identify the reasons why the family is leaving the WtW program.					